

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	M10 SG	954 077	10 5-4-01 5/15/01 6/14/01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ∕ ..... Restricted O ..... Objected

Claim	Date
Final Original	
1	✓
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7	✓
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19	✓
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25	O
26	✓
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32	✓
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38	O
39	✓
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44	✓
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50	O

Claim	Date
Final Original	9
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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